Biomedical Informatics**m**

Department of Medical Informatics and Clinical Epidemiology

Oregon Health & Science University

Pre-defense Approval Form

Date:

Student’s Name \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thesis/Dissertation Title

Please check appropriate box

\_\_- Thesis Proposal
\_\_- Thesis

\_\_- Dissertation Proposal

\_\_- Dissertation

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By my signature below, I affirm the following:

I have received and reviewed the student’s draft write-up.

The student’s presentation was adequate.

I recommend that this student be allowed to proceed to the oral presentation of this work.\*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Print Name | Signature | Date |
| Chair |  |  |  |
| Mentor |  |  |  |
| Member |  |  |  |
| Member |  |  |  |
| Student |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Program Director Approval Date